

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38092

State File No.

FILED NOV 25 1950

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>377</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Woberly</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Woberly</u>		d. STREET ADDRESS (If rural, give location) <u>Mc-Cormick Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc-Cormick Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Mc-Cormick Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gael</u>		b. (Middle) <u>Wayne</u>		c. (Last) <u>Johnston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct 26-1950</u>		9. AGE (In years last birthday) <u>17</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Duncan's Bridge, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Floyd Johnston</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Elizabeth Johnston</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Johnston</u> ADDRESS <u>Madison</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>wt 3 lbs. at birth</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 26</u> , 1950, to <u>Nov 12</u> , 1950, that I last saw the deceased alive on <u>Nov 11</u> , 1950, and that death occurred at <u>8:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Turner D.D.</u> (Degree or title)				23b. ADDRESS <u>Madison, Mo</u>		23c. DATE SIGNED <u>11-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Madison, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 12/50</u>		REGISTRAR'S SIGNATURE <u>Gael Elzebaum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Thompson</u> ADDRESS <u>Madison, Mo</u>			

(Licensed Embelmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Date Received: NOV 20 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1951
Date Filed: NOV 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Frederick Thompson

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.